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Gov. Tim Pawlenty: Health-care records lag technology

By NEWT GINGRICH and TIM PAWLENTY

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The U.S. Census Bureau announced it will complete the 2010 census using the same method used in its first census in 1790: pen and paper. It's shocking that this massive undertaking won't utilize technology that is second-nature in our daily lives. Yet, there is a far more important part of our lives that remains as antiquated as the Census Bureau: health care.

Technologically, health care is at least a generation behind. Instead of using e-health records, roughly two-thirds of hospitals and nine out of 10 doctors rely on paper record-keeping. In today's society, it's akin to commuting by stagecoach.

Is it surprising then that our health-care system is riddled with problems?

Take patient safety. The Institute of Medicine reported that more than 1.5 million preventable medication injuries occur annually, while preventable medical errors kill as many as 98,000 Americans every year. Information technology can improve safety by alerting providers of medication errors, drug allergies or critical pieces of patient history.

Take rising costs. One contributing factor is that our medical records are locked away in filing cabinets. Since very few providers have a complete patient record, recent lab tests or scans are often reordered. Access to up-to-date information would save tens of billions of dollars every year.

Getting information technology into the hands of providers is critical, and right here in Minnesota you can find many pioneers bringing health care into the 21st century. Two of the state's -- and the world's -- best examples of modernized systems are the Mayo Clinic and Park Nicollet Health Services, thanks in no small part to their use of electronic medical records.

According to the latest edition of the Dartmouth Health Atlas, the Mayo Clinic is so effective that "if the U.S. health care system mirrored the practice patterns of gold-standard health care systems such as the Mayo Clinic in Minnesota, Medicare could save tens of billions of dollars annually."

At Mayo, updated patient records can be accessed instantly by authorized caregivers at more than 16,000 computer terminals across three facilities. Park Nicollet is equally as advanced. It has electronically connected its six urgent-care centers and 25 community clinics.

Other pioneers in the state include UnitedHealthcare and HealthPartners, industry leaders in developing websites for their members to better manage their health. RxHub has deployed a nationwide electronic prescribing network, and Minnesota-based MinuteClinic has electronically connected its 500-plus stores.

Although nearly all of Minnesota's hospitals and two-thirds of its primary care clinics are

using or implementing e-health records, there is still work to be done.

First, health-care providers must connect their information systems. It does patients no good if their information is inaccessible when needed.

In 2007, legislation was signed that mandated all hospitals and health-care providers to adopt interoperable or interconnected systems by 2015. Through the Minnesota e-Health Initiative in the Department of Health, the state is working closely with representatives from every health-care sector to meet this deadline. It also has joined with leaders from its largest health-care organizations to announce an e-health information exchange. This superhighway will be one of the largest such exchanges in the nation, serving more than 3 million Minnesotans and connecting doctors, hospitals and clinics across the state.

Second, other large segments of providers in Minnesota, such as home health agencies, long-term-care facilities and community physicians must increase their use of technology. Of the 16,000 community physicians who deliver the majority of the care in the state, less than a quarter use e-health records.

Last month, Minnesota was designated as a Chartered Value Exchange by the U.S. Department of Health and Human Services. As part of this designation, Minnesota's health-care community should take advantage of a program introduced by U.S. Health and Human Services Secretary Mike Leavitt that will pay 1,200 small- to medium-sized primary care physician practices to use e-health records.

Given the life-and-death implications, one would think health care would be more technologically advanced. Minnesota provides shining examples of what a modernized system can be, and through hard work, it can be even better. The citizens of Minnesota deserve nothing less.

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